

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Ambulatory Surgery Center Association PAC

ADDRESS (number and street) ▼

1012 Cameron St

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00424788

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. John Greenwich

Signature of Treasurer

Mr. John Greenwich

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ambulatory Surgery Center Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		121494.21
(b) Cash on Hand at Beginning of Reporting Period.....	153735.72	
(c) Total Receipts (from Line 19)	2520.61	99595.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	156256.33	221089.98
7. Total Disbursements (from Line 31)	2046.95	66880.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154209.38	154209.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ambulatory Surgery Center Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	1199.08	92859.16
(ii) Unitemized	0.00	5415.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1199.08	98274.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1321.53	1321.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2520.61	99595.77
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2520.61	99595.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2520.61	99595.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	46.95	2380.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	46.95	2380.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	62000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2046.95	66880.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2046.95	66880.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2520.61	99595.77
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2520.61	97095.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	46.95	2380.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	46.95	2380.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. W. Cooper Scurry Jr.

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : A88F4E16525CF4E2BA37

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth S. Maxwell MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : AFA477C546DE94592953

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Dr. J. Lucas Inman MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : A7BD21993F9EA4D59BE4

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Stephen B. Potts MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : AA438C13AEC134AE8BE4

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dr. John C. Britt MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : A162F4CC14ADA42E5BE8

Amount of Each Receipt this Period

84.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Dr. Gwendolyn F. Wagoner MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : AF3994725275E46B8B86

Amount of Each Receipt this Period

84.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ronald B. Shealy

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : A5262A40CA0184FAA866

Amount of Each Receipt this Period

84.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Dr. William F. McGuirt Jr.

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : ACA309D4C64514A84B02

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Dr. S. Andrew Harper MD

Mailing Address 2465 Hanestown Ln

City

Winston Salem

State

NC

Zip Code

27103-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Outpatient Surgery Center

Occupation

Physician Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : AB4A3704DF3E446D68FA

Amount of Each Receipt this Period

83.00

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 14
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Piedmont Outpatient Surgery Center

Mailing Address 2465 Hanestown Ln

City	State	Zip Code
Winston Salem	NC	27103-1757

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : AA485FE65AF5E40EBA1C

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian MathisMailing Address 520 Lake Cook Rd
Ste 250

City	State	Zip Code
Deerfield	IL	60015-5630

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Surgical Care Affiliates

Group Vice President, Strategy and Pay

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : A5C6B293A3C9D450C97C

Amount of Each Receipt this Period

14.08

Full Name (Last, First, Middle Initial)

C. Ms. Gina Zapanta-Murphy Esq.Mailing Address 850 S Atlantic Blvd
Ste 201

City	State	Zip Code
Monterey Park	CA	91754-6705

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Plaza Surgical Center

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : AE0C84D44DF5B42EAAA7

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ▶

829.08

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sandra A. Berreth

Mailing Address 13114 Isle Dr

City
Baxter

State
MN

Zip Code
56425-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brainerd Lakes Surgery Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

07 / 31 / 2015

Transaction ID : AA5C4DF4C774C454895E

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Kirsten Wehling

Mailing Address 15305 Dallas Pkwy
Ste 1600

City
Addison

State
TX

Zip Code
75001-6491

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Surgical Partners International

Occupation

Communications Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

07 / 31 / 2015

Transaction ID : A142E0DDB829043A2861

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mrs. Lori Callahan

Mailing Address 2550 W Algonquin Rd

City
Lake In The Hills

State
IL

Zip Code
60156-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Algonquin Road Surgery Center

Occupation

Administrator/Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 31 / 2015

Transaction ID : A43F59DDE406D43D0843

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steve Miller

Mailing Address 1012 Cameron St

City

Alexandria

State

VA

Zip Code

22314-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambulatory Surgery Center Association

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : AEC68955F91D445108C4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. William Prentice

Mailing Address 1012 Cameron St

City

Alexandria

State

VA

Zip Code

22314-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambulatory Surgery Center Association

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : A3D11612015AA435E8B2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

1199.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. United Surgical Partners International, Inc. Political Action Committee

Mailing Address 15305 Dallas Parkway, Suite 1600

City State Zip Code
 Addison TX 75001-6491

FEC ID number of contributing federal political committee. **C** C00402073

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1321.53

Date of Receipt

07 / 27 / 2015

Transaction ID : AF7B79AD15807489A886

Amount of Each Receipt this Period

1321.53

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1321.53

1321.53

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Ambulatory Surgery Center Association PAC

Category/
Type

23.75

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

23.20

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

46.95

46.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ambulatory Surgery Center Association PAC

Full Name (Last, First, Middle Initial)

A. Virginia Foxx for Congress

Mailing Address P.O. BOX 1100

City Clemmons	State NC	Zip Code 27012-1100
------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Virginia A. Foxx

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : BE6960F8AD96C4176BE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Swalwell for Congress

Mailing Address P.O. BOX 2847

City Dublin	State CA	Zip Code 94568-0847
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Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Eric M. Swalwell

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 15

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : B767F0F64BD5241E29FC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00
